

Date: \_\_\_\_\_

### **REQUEST FOR MEDIATION FORM**

Although we have been trying to reach agreement on an issue(s) for \_\_\_\_\_ a student in \_\_\_\_\_ School District, differing viewpoints still exist. It is not likely that an agreement will be reached without outside assistance. Therefore, we, the undersigned, request that the following issue(s) be mediated:


**By signing this form we agree that we will not reveal to anyone, including a hearing officer or judge, the content of any discussions which take place during the mediation process. We agree not to call the mediator as a witness or subpoena records or notes of the mediator in any administrative or judicial proceeding concerning these disputes.**

<b>Parent/Guardian</b>	<b>District Representative</b>
Name:	Name:
Address:	Address:
City:	City:
State/Zip:	State/Zip:
Phone:	Phone:
Signature:	Signature:

☐ **Check here if either party requires disability adaptations or modifications for the mediation session.**

Mail to:  
Kentucky Department of Education  
Larry Taylor, Director  
Division of Exceptional Children Services  
500 Mero Street, CPT 134  
Frankfort, KY 40601  
Attention: Kevin C. Brown  
FAX: 502-564-9321